

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 19 2018

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0115
Date:	4-24-18
Amount Paid:	\$75 4-20-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER					
Owner's Name: Amy Dunbar-Nelson Richard Nelson		Mailing Address: 217 W Phillips City/State/Zip: Ladysmith, WI 54848		Telephone: (715) 580-0765	
Address of Property: 64110 Co Hwy A		City/State/Zip: Iron River, WI 54847		Cell Phone: (715) 580-0765	
Contractor: Cory Helsclaw (218)		Contractor Phone: 428-5123		Plumber: Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak (715)		Agent Phone: 817-2034		Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, WI 54847	
PROJECT LOCATION: part of SW 1/4, SW 1/4		Legal Description: (Use Tax Statement)		Tax ID # (4-5 digits): 19932	
Gov't Lot		Lot(s)		CSM	
Vol & Page		Lot(s) No.		Block(s) No.	
Section 31, Township 47 N, Range 8 W		Town of: Iron River		Lot Size	
				Acreage 1.5	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 90 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$5,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> At grade			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height: 2

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance APR 24 2018 Secretarial Staff	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) decks (entry)	(6 X 8)	48
	<input checked="" type="checkbox"/>	Accessory Building (specify) walkway variable	(X)	360
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Michael Furtak Date: 4-11-2018
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847
Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Co Hwy A

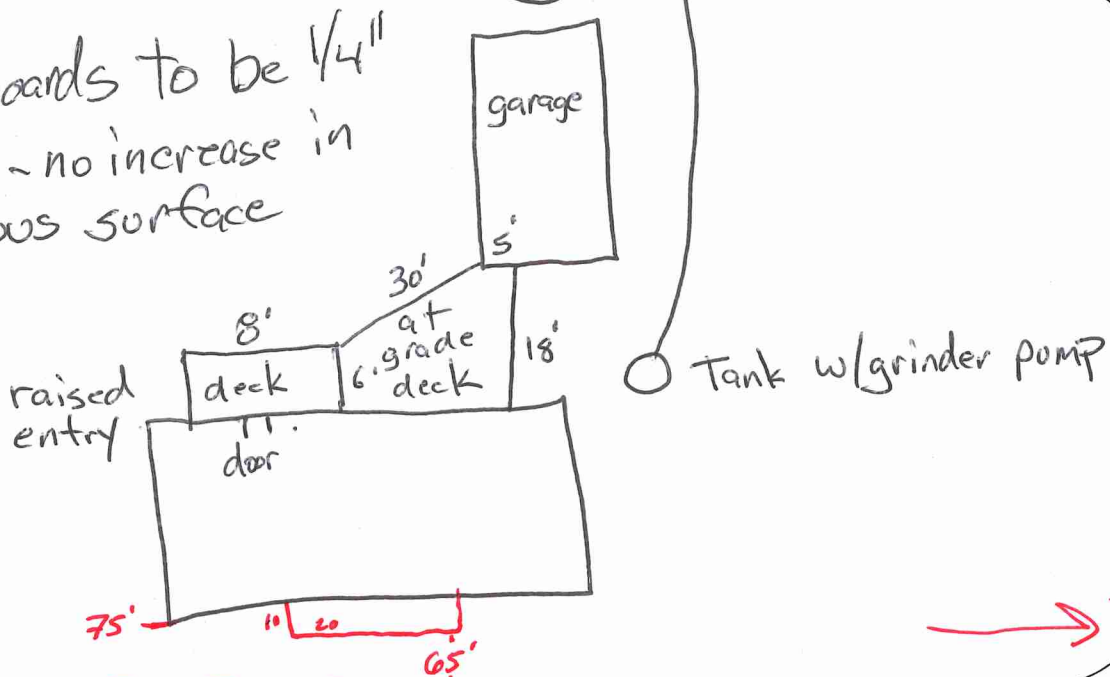
Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (* Driveway and (* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
- (6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (* Pond
- (7) Show any (*): (* Wetlands; or (* Slopes over 20%

DF.

ST.

deck boards to be 1/4" spacing - no increase in impervious surface



Please complete (1) - (7) above (prior to continuing)

Later

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the Centerline of Platted Road	195	Feet	Setback from the Lake (ordinary high-water mark)	70	Feet
Setback from the Established Right-of-Way	165	Feet	Setback from the River, Stream, Creek	NA	Feet
			Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	45	Feet			
Setback from the South Lot Line	15	Feet	Setback from Wetland	NA	Feet
Setback from the West Lot Line	Road	Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the East Lot Line	Lake	Feet	Elevation of Floodplain	NA	Feet
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	> 20	Feet
Setback to Drain Field	100	Feet			
Setback to Privy (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 17-665	# of bedrooms: 3	Sanitary Date: 7/24/2017
Permit Denied (Date):	Reason for Denial:		
Permit #: 18-0115	Permit Date: 4-24-18		
Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes (Deed of Record) 186/205 <input type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: NA	
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Project location as represented appears to meet all Code Requirements. Deck design is considered pervious. No increase in impervious surface.			Zoning District (R-1)
Date of Inspection: 4/23/2018			Lakes Classification (2)
Inspected by: Robert Schieman			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
Decking must be maintained to ensure permeability of surface.			
Signature of Inspector: [Signature]			Date of Approval: 4/23/2018
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **17-66S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0115** Issued To: **Richard Nelson & Amy Dunbar-Nelson / Mike Furtak, Agent**

Par in

Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **31** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [1- Story; Entry Deck (6' x 8') = 48 sq. ft.; Walkway = 360 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Decking must be maintained to ensure permeability of surface.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

April 24, 2018

Date